Proposed Program of Study for a Master Degree in Health Science

Student: _____ E-mail: _____

Phone: _____ Fax: _____

Address: _____

Area of Emphasis: _____ Catalog Year*_____

Advisor: _____

* A student may choose to meet the program requirements defined in any graduate catalog in effect after admission to the program.

Graduation Requirements	Area of Study	Required # of Credit Hrs	Completed # of Credit Hrs
Core	MHS Core	18 (2005 catalog)	
Emphasis Area and/or Graduate Certificate			
Thesis Option *		4-6 credits of thesis	
Project Option *		4-6 credits of project	
Non-Thesis/Project Option*		6 -12 additional credit hrs of course	
Electives			
TOTAL (36-39 credits)			

* Student must select thesis, project or non-thesis/project option.

Chronological listing of courses (include any graduate transfer courses):

Institution	Semester Completed	Dept and Course No.	Course Title	Credit Hours	Grade	Grad Requirement
Sample:BSU	*Fall 1999*	*MHLTHSCI 505*	*Health Science Inquiry*	*2.0*	*A*	*Core*

Institution	Semester Completed	Dept and Course No.	Course Title	Credit Hours	Grade	Grad Require ment